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APPLICANTS
 John C. Subelka, Marlboro, PA;
 Steven R. Jefferies, York, PA;
 Donald A. Kapperman, Milford, DE;
 Paul D. Hammesfahr, Wyoming, DE;
 Paul A. Silver, Wilmington, DE;

**** CONTINUING DATA *******
 This application is a CON of 10/036,881 01/04/2002 PAT 6,696,507 which is a DIV of 09/136,320 07/06/1998 PAT 6,353,040
 which is a CON of 09/052,180 03/31/1998 ABN
 which is a CON of 08/946,612 10/07/1997 ABN
 and claims benefit of 60/042,585 04/02/1997
 and claims benefit of 60/043,812 04/14/1997

**** FOREIGN APPLICATIONS *******
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 05/18/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 3	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 6
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS
 Douglas J. Hura
 DENTSPLY INTERNATIONAL INC.
 570 West College Avenue
 York, PA17405-0872

TITLE
 Dental composite restorative material and method of restoring a tooth

FILING FEE RECEIVED 1028	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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